

REFERENCES

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HYPOGLYCAEMIA WITH VERY LOW BLOOD SUGAR

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The patient Mr. E.H., aged 34, was referred to me by Dr. S. H. Holloway, St. Andrews, N.B. He was admitted to the Chipman Hospital in coma with a history of known diabetes.

On admission he was a dusky colour, his skin was moist, with some perspiration on his face and forehead. Eyeballs were firm, pupils were moderately dilated with the left slightly larger than the right. Breathing deep and regular not stertorous, no Kussmaul breathing, no sweet odour to the breath. Reflexes were sluggish. Blood pressure was 100/35. No signs of disease in the chest or abdomen. Urine negative for sugar, acetone and diacetic acid.

Blood sugar (completed within the first half hour) showed 10 mgm. per 100 c.c.. He was treated by intravenous glucose and within the hour had regained consciousness and complained of feeling dizzy and hungry. He was given food in addition to corn syrup and the next morning said he felt fine. An Exton and Rose test done that morning was as follows: fasting blood sugar 72 mgm. %; 50 grams of dextrose given; blood sugar one-half hour later 125 mgm. %; 50 grams of dextrose given; blood sugar one-half hour later 280 mgm. %.

Urine: first specimen negative for sugar. Specimen one-half hour after first dextrose was negative for sugar. Second specimen one hour after first dextrose 2 plus for sugar. This was considered to be a definite diabetic curve.

Further inquiries revealed that on the morning of the day before admission to hospital the patient neglected to take his usual dose of 40 units of protamine zinc insulin, but had taken it in the evening just before supper, and then had taken 40 units more of protamine zinc insulin before breakfast, on the day of admission. He had felt dizzy and weak about 11.00 a.m. but managed to get down from the

telephone pole on which he was working. He remembers nothing further that day.

Joslin in his *Treatment of Diabetes Mellitus* mentions a blood sugar value as low as 50 mgm. per 100 c.c. of blood in a case of hyperinsulinism and also quotes Professor C. H. Best as stating that during a severe insulin reaction there is no sugar in the blood and that blood sugar of 30 mgm. per 100 c.c. of blood is not sugar but some other reducing substance. Wilder in *Clinical Diabetes Mellitus and Hyperinsulinism* quotes the lowest value as less than 30 mgm. per 100 c.c. of blood.

It would appear that a value of 10 mgm. per 100 c.c. of blood in a human being with recovery is a very low blood sugar value.

MULTIPLE CARCINOMA OF THE COLON

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On November 25, 1947, a male patient, aged 52, came to me for a "check-up". He stated he was weak and had been told he was "lacking in vitamins". On questioning he stated his poor health started some time during the summer of 1944 when he stopped farming. During that summer he noticed he became fatigued very easily and stayed tired for several days, whereas heretofore when he became tired one day's rest was sufficient for him to recuperate completely.

In October, 1945, he had noticed a mobile painful mass about two inches in diameter about the level of, and just to the right of, the umbilicus, which he thought was appendicitis. He thereupon visited a nearby hospital and was informed he was not suffering from appendicitis. Nothing further was done. In May, 1946, after a period of heavy work he became very weak and developed a "spasmodic diarrhoea". He was then admitted to another hospital in another city. Here he was treated for a "gastrated stomach". On discharge he stated he was rested but "very nervously weak". His occupation as a forestry engineer took him around to many places and, as his health was gradually becoming worse, he sought relief almost everywhere he went, so that in all he had been a patient for this condition in six different hospitals.

At the time he consulted me it was obvious he was very ill; he was emaciated, pale, and his freckled face presented an anxious and pinched